STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM STD. 202 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

STD. 262 (REV.	9/200T)			Staten	nent On I	Reverse S	ide			Pege	1 of	1 Pec)	
ANT'S NAME						SSAN OR I	EMPLOYEE	NUMBE	R°	DEP	ARTMENT			
Delgadillo												Developmental Services		
TION				CB/ID NUMBER			DIVISION OR BUREAU				INDEX NUMBER			
ctor				E99			DIRECTOR'S OFFICE						473-00	
DENCE ADDRESS*							HEADQUARTERS ADDRESS 1600 9th Street, Room 240						PHONE NI 54-1897	
-	STATE	ZIP CODE			CITY					STATI		ZIP		
		•		2 0		Sacrame	nto				CA	_	958	
(1) NORMAL WO	RK HOURS						EHICLÉ LICE	NSE NUA	/BER	(3) MIL	AGE RATE	CLAIMED		
8a .to	o 5p										.50		••	
		(1)	(8)	MEALS		(9)	(10)		TRANSPORTAT			(11)	(12)	
g/2010	LOCATION WHERE EXPENSES			T	0.T., L/T.	1	W	(8)	(C) .	Ι	(0)		TOTAL	
(5)	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO OR	INCIDEN-	COST OF TRANS.	TYPE	CARFARE, TOLLS,	PRIVAT	E CAR USE	BUSINESS	FOR DA	
DATE TIME					DINNER	-			PARKING	MILES	THUOMA			
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COLUMN	CODE (ACCTG. USE ONLY	Q TO THE REAL PROPERTY.	15/3/# 15	一方 的表象	党的技术	T TOP TO	Take many	艾尔茅		1		3-7-4 V	1.19	
	CLAIM TOTAL												\$0.	
	DENIM TOTAL													
(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)										AG	AGENCY ACCOUNTING OFFICE USE ONLY			
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										PAIO B	Y REVOLVIN	G FUND CH	ECK NUME	
						*				1				
		745								1				
			a traval aver	nses incurred	by me in e	ocordance wit	th DPA rules	in the serv	Ace of the State	of Catiforn	ia. If a priva	tely owned w	ehide was	
(15) I HERCE	BY CERTIFY That the above is a true	e statement of th	Day and any	nd name ====================================				1 ENG (1978)	PART DATE "DOLLING"	I DAY OF THE	. Ind reculting	THE RESERVE	COUNTY	
used, an SAM Se	nd if mileage rates exceed the minimuctions 0750, 0751, 0752, 0753 and 07	e statement of thum rate, I certify 754 pertaining to	that the cost vehicle safety	of operating to y and seat being	he vehicle w t usage.	es equa: io o	Search Britis							
	nd if mileage rates exceed the minimuctions 0750, 0751, 0752, 0753 and 07	e statement of th um rate, I certify 754 pertaining to	that the cost vehicle safet DATE	of operating to y and seat belt	-		-	-	G TRAVEL AND	-	-	NE		
used, an SAM Se	nd if mileage rates exceed the minimuctions 0750, 0751, 0752, 0753 and 07	e statement of the im rate, I certify 754 pertaining to	that the cost vehicle safety	of operating the send seat belt	-		-	-	ASSESSMENT OF THE PARTY OF THE	-	-		~	